



# Schools

## General Liability Supplemental Application

(Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_

Website: \_\_\_\_\_

2. Type of School (check all that apply):

For-Profit                       Non-Profit

Public                               Private

Elementary

Home Schooling

Preschool

Junior High

Parochial

Medical/Vocational\*

High School

Charter

Trade/Vocational\*

College/University

Head Start

\*Provide list of courses/brochure

Other: \_\_\_\_\_

3. Number of students you are licensed for: \_\_\_\_\_ Average daily attendance: \_\_\_\_\_

4. Number of school days per year: \_\_\_\_\_

5. Number of students:

AGE GROUP	DAY	NIGHT	NO. OF TEACHERS
0 thru 3 years			
4 thru 5 years			
6 thru 12 years			
13 thru 18 years			
Over 18 years			

6. Ratio of on-duty staff to students: \_\_\_\_\_

7. Do you accept handicapped, physically, or mentally-challenged students?                       Yes                       No

If yes, state the number of students and describe degree of handicap: \_\_\_\_\_

Are teachers/staff certified or trained to properly handle these students?                       Yes                       No

8. Hours of operation:                      **From**                      **To**

Day                      \_\_\_\_\_                      \_\_\_\_\_

Evening                      \_\_\_\_\_                      \_\_\_\_\_

9. Annual Gross Sales (If For-Profit): \$ \_\_\_\_\_ Annual Budget (If Not-For-Profit): \$ \_\_\_\_\_

10. Do you use armed security guards?                       Yes                       No

11. Are all visitors to the school required to sign in and out?                       Yes                       No

12. Is your school accredited?                       Yes                       No

If yes, state accrediting organization: \_\_\_\_\_

13. Do all of your teachers have the required professional experience, training and/or certification?                       Yes                       No

14. Do you have Workers' Compensation coverage in force?                       Yes                       No

15. Do you have dormitory facilities or student housing?                       Yes                       No                      If yes, state number of beds: \_\_\_\_\_

a. Do you provide housing for undergraduate college students?                       Yes                       No

b. Are students separated by gender?                       Yes                       No

c. Describe 24 hour staffing: \_\_\_\_\_

16. Describe all buildings, including dormitories. Use additional paper, if needed.

a. Number of buildings: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Total square footage of building: \_\_\_\_\_

b. Use of building(s): \_\_\_\_\_

c. Construction of building(s): \_\_\_\_\_

d. Type of fire protection system: \_\_\_\_\_

- e. Emergency evacuation plan: \_\_\_\_\_
- f. Will any new construction occur within the next 12 months?  Yes  No
- g. Cafeteria?  Yes  No  
 If yes, with cooking facilities?  Yes  No      Ansul system over cooking surface?  Yes  No
- h. Is cooking/smoking allowed in rooms?  Yes  No
- i. Stadiums, bleachers or grandstands?  Yes  No
17. Last inspected by (state/municipality): \_\_\_\_\_ Date inspected: \_\_\_\_\_  
 Any violations? If yes, please provide full details on separate sheet of paper.  Yes  No
18. Do you have any fraternities and/or sororities?  Yes  No
19. Please check the applicable activities:
- |                                       |   |                                   |                                       |                                    |
|---------------------------------------|---|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Basketball         | <input type="checkbox"/> Boxing   | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Dive Team |
| <input type="checkbox"/> Diving Board | <input type="checkbox"/> Fencing            | <input type="checkbox"/> Football | <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Hockey    |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Soccer             | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Tennis    |
| <input type="checkbox"/> Wrestling    | <input type="checkbox"/> Wilderness Program |                                   |                                       |                                    |
| <input type="checkbox"/> Other: _____ |   |                                   |                                       |                                    |
20. Do you carry a Student Accident Policy?  Yes  No      If yes, for all sports?  Yes  No  
 Carrier: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ / \_\_\_\_\_
21. Does your facility have a swimming pool?  Yes  No  
 If yes, please answer questions a. through e.
- a. Do all pool(s) comply with requirements of federal Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No
- b. Do drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate?  Yes  No
- c. Do all pools have an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain?  Yes  No
- d. Are dual or multiple drains at least three (3) feet apart?  Yes  No
- e. Are you in compliance with ADA 2010 Standards for pool accessibility?  Yes  No
- Please complete the appropriate sections below:*
- IF YOU ARE ADA COMPLIANT:**
- What means of access for entry/exit is being utilized?  
 Fixed Lift    Non-Fixed Lift    Pool Stairs    Sloped Entry    Transfer System    Transfer Wall
- Is your staff trained on an on-going basis in the use, operation and maintenance of the pool lift?  Yes  No
- IF YOU ARE NOT ADA COMPLIANT:**
- Why are you non-compliant? \_\_\_\_\_
- \_\_\_\_\_
- How do you intend to protect disabled persons who are entering and exiting the pool? \_\_\_\_\_
- \_\_\_\_\_
22. Does your school sponsor field trips each year?  Yes  No
- a. If yes, approximately how many? \_\_\_\_\_
- b. Describe type of field trips and where they are taken: \_\_\_\_\_
- \_\_\_\_\_
- c. Is written permission/waiver obtained from each child's parent or guardian?  Yes  No
23. Do you have an extended day program?  Yes  No      Number of students: \_\_\_\_\_  
 Hours of operation? From \_\_\_\_\_ To \_\_\_\_\_
24. Is the school owned by a physician?  Yes  No
25. Are any of your teachers also physicians?  Yes  No
- a. If yes, describe their responsibilities/duties: \_\_\_\_\_
- \_\_\_\_\_
- b. Do all physicians have Medical Malpractice Insurance in force?  Yes  No

26. Describe hiring procedures for all employees, including aides, attendants, custodial, etc. \_\_\_\_\_

27. Will students work under the direction of someone other than the insured?  Yes  No

28. Do you allow outside groups to use your premises?  Yes  No

If yes, are certificates of Commercial General Liability insurance obtained?  Yes  No

29. Are bus services provided?  Yes  No

If provided by an independent contractor, are certificates of Commercial General Liability insurance obtained?  Yes  No

30. Do you teach Firemen or Policemen?  Yes  No

31. Describe any clinical/on the job activities: \_\_\_\_\_

32. Do you use volunteers?  Yes  No

If yes explain their duties and how many volunteers are used: \_\_\_\_\_

**PLEASE ANSWER APPLICABLE QUESTIONS REGARDING YOUR OPERATIONS:**

**SCHOLASTIC SCHOOLS**

33. Does your school's policy encourage or allow the use of corporal punishment?  Yes  No

34. Is there a formal written policy prohibiting the use of corporal punishment?  Yes  No

35. Play equipment (check all that apply):

Inflatable bounce equipment  Jungle Gym  Slide  Swings  Trampoline

Other (List): \_\_\_\_\_

a. Is all play equipment securely anchored?  Yes  No

b. Is there impact absorbing material under and around play equipment?  Yes  No

**BEAUTY AND BODY CARE SCHOOLS**

36. Please check all programs offered:

- |  |   |
|--|---|
| <input type="checkbox"/> Botox Training  | <input type="checkbox"/> Massage Therapy                                    |
| <input type="checkbox"/> Collagen Fillers  | <input type="checkbox"/> Medi-spa programs                                  |
| <input type="checkbox"/> Electrolysis  | <input type="checkbox"/> Microdermabrasion                                  |
| <input type="checkbox"/> Facials   | <input type="checkbox"/> Nail Technician                                    |
| <input type="checkbox"/> Hair Implants/Transplants   | <input type="checkbox"/> Permanent Make-up or Tattoo Application or Removal |
| <input type="checkbox"/> Hair Styling  | <input type="checkbox"/> Photofacial or other Light Treatments              |
| <input type="checkbox"/> Laser Hair Removal  | <input type="checkbox"/> Varicose Vein Removal                              |
| <input type="checkbox"/> Liposuction   | <input type="checkbox"/> Waxing   |
| <input type="checkbox"/> Any procedure involving the use of formaldehyde, such as "Brazilian Blowouts" |   |
| <input type="checkbox"/> Laser Technology training OTHER THAN Laser Hair Removal                       |   |
| <input type="checkbox"/> Other: _____  |   |

37. List any products that you manufacture or re-label: \_\_\_\_\_

38. Do you allow students to train at any of the following locations?

Airports  Hospitals  Nursing Homes or Assisted Living Facilities  Sports Medicine Facilities

39. Do you offer any services to the general public?  Yes  No

If yes, specify what type(s): \_\_\_\_\_

**NURSING SCHOOLS**

45. Do you offer any of the following programs?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Doctorate/PhD         | <input type="checkbox"/> Forensic Nursing             | <input type="checkbox"/> Legal Nurse Consulting | <input type="checkbox"/> LPN or LVN Training |
| <input type="checkbox"/> Nurse Anesthetist     | <input type="checkbox"/> Nurse Midwife                | <input type="checkbox"/> Nurse Practitioner     | <input type="checkbox"/> On-line Nursing     |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> RN Certification or Training | <input type="checkbox"/> Other: _____           |  |

46. List all certifications or licenses provided by you to students who complete your program: \_\_\_\_\_

**HEALTH AND SAFETY-RELATED SCHOOLS**

40. Type of school:  
 CPR and First Aid Training       Dental Hygienist Training       EMT Training  
 Home Health Aide Certification       Paramedic Training       Other: \_\_\_\_\_
41. Do you operate or train at a military-type facility?       Yes       No
42. Do you provide any training at industrial settings?       Yes       No
43. Do your classes involve terrorism response training?       Yes       No
44. List all certifications or licenses provided by you to students who complete your program: \_\_\_\_\_

**CORRESPONDENCE SCHOOLS**

47. Do you offer courses other than general academic high school or college preparatory classes?       Yes       No  
If yes, describe: \_\_\_\_\_

**TRADE / VOCATIONAL SCHOOLS**

48. Do you teach auto repair or assembly?       Yes       No
49. List power equipment and tools typically used by students: \_\_\_\_\_
50. List all certifications or licenses provided by you to students who complete your program: \_\_\_\_\_

**FOR SEXUAL MOLESTATION COVERAGE, PLEASE COMPLETE QUESTIONS 51 THROUGH 54.**

- If sexual molestation coverage is not desired, please check here:  Coverage is NOT requested.
51. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?       Yes       No  
If yes, please provide details: \_\_\_\_\_
52. Does your facility do background checks on all employees and volunteers?       Yes       No  
Describe type of checks performed (prior employer, policy, etc.): \_\_\_\_\_
53. Are there written guidelines in place regarding sexual misconduct?       Yes       No  
If NO, please explain: \_\_\_\_\_
54. Please check the limits you are requesting:  
 \$25,000/50,000       \$50,000/100,000       \$100,000/300,000       \$300,000/300,000

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent